

DEPARTMENT OF THE ARMY HEADQUARTERS, U. S. ARMY EUROPE REGIONAL MEDICAL COMMAND CMR 442 APO AE 09042

MCEU-MD

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ERMC Command Policy Letter 29, Timely Receipt of Active Duty Medical Reports from Host Nation Providers

1. REFERENCES:

- a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- b. ERMC Balanced Score Card, Manage the Health of the Soldier and the Military Family
- 2. BACKGROUND. This policy provides standardized direction to all ERMC military treatment facilities (MTFs) concerning the management and administrative oversight of active duty (AD) referrals for host nation specialty care. When an active duty soldier is referred to a host nation provider, it is critically important that the resulting medical reports are promptly translated into English, a copy is sent to the referring provider, and the medical documentation is filed in the soldier's medical record within 60 days from the date of the visit. The ERMC Commanding General established a Balanced Score Card metric that measures the "Percentage of Active Duty Referrals to the Economy that have Medical Documentation in the MTF Medical Record within 60 Days After the Visit". This measure provides the percentage of active duty referrals to a non-MTF provider that have culminated with a medical report from the non-MTF provider within 60 days of the visit.
- 3. PROCEDURES: The ERMC goal is that a report will be returned from the host nation provider and filed in the AD member's medical record 95% of the time within 60 days of the appointment date. It is required that the MTF know when the active duty member was seen by the non-MTF provider (appointment date), as well as a system established to identify whether or not a report has been received from the non-MTF provider. This measure can only be successfully obtained when data is collected and tracked on a case-by-case basis. The numerator for this measure will be the number of active duty referrals that have documentation in the medical record within 60 days after the date of the host nation visit, divided by (denominator) the total number of active duty referrals being tracked that were seen by a host nation provider 60 or more days before the report date. The referring MTF must take into consideration the fact that some referrals for specialty care involve multiple visits and that host nation providers may not provide a report until completion of the final visit. In the case of multiple visits related to a single referral, the referred member should be included in the denominator on the 60th day following his/her final appointment date.

The data source for this metric is an MTF locally developed tracking system; an automated system is the preferred method. The tracking system should focus on all active duty referrals to a host nation provider at least 60 days prior to the report date and will verify receipt or non-receipt of the medical report in the medical record for each referral. A formal system must be in place to effectively track this measure. As a minimum, the following must be established at every ERMC MTF:

a. A central point of contact (POC) at each MTF with the knowledge and training to effectively manage and provide administrative oversight for this process.

- b. A tracking system to track all active duty referrals for host nation care.
- c. Written instructions will be provided with every active duty referral that tell Host Nation providers where to send the completed medical reports.
- d. Internal coordination and cooperation among those individuals in the MTF who manage host nation translations, medical record personnel, and managed care personnel.
- e. A recurring process to review the medical records of active duty soldiers who have been referred for host nation medical care when a written report is not returned in order to verify receipt or non-receipt.
- f. Ability to report reliable data to the ERMC Managed Care Office, thru the respective MTF Managed Care Offices, to support this Balanced Score Card measure.
- g. Health Insurance Portability and Accountability Act (HIPAA) guidelines will be followed at all times to ensure the protection and safety of patient information.

4. The proponent for this policy is the Chief, Clinical Operations at DSN 371-3303/

ELDER GRANGER

Brigadier General, USA

Commanding

DISTIBUTION:

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